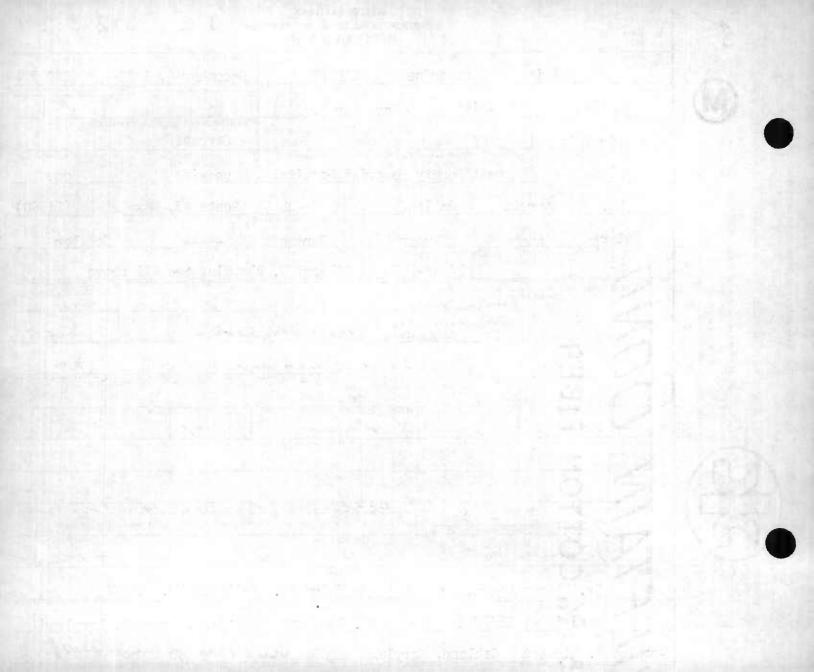
/	1.	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENE 8 2	3 2 3 2 1
	L	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	-	Goldi		BLAMBLE	December 4, 1	
1	3 SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
/	70 B	Female  IRTHPLACE (STATE OR FOREIGN	White 7b CITIZEN OF WHAT COUNTRY?	November 2, 1901	9 BALTIMORE CITY OR COUR	
84	1	COUNTRY)		MARRIED X NEVER MARRIED	Caracatt	IT OF BEATH
20.00	10 C	est Virginia ITY OR TOWN OF DEATH	USA  NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED [	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
6		0akland	Garrett County	Memorial Hospital	Housewife	
21		AL RESIDENCE (IF NURS)		ADMISSION) 13d INSIDE CITY LIMITS?		100 /01550)
-	14 E	Md.   Gar	rett   Oakland	YES NO X	Route #3, Bo	x 122 (21550)
O/C		Peter -	MIDDLE LAST	FIRST	MIDDLE	LAST
-	160		MED FORCES? 166 SOCIAL SECU		ADDRESS	Schyler
medic			E WAR OR DATEST	058 B Gilbert H.		3 ahove
		18 CAUSE OF DEATH Enter of	ly one couse per line for (o), (b), one		Drambie, dec #1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Depses			Hrs
navic		. 1820	DUE TO, OR AS A CONSEQUE		1	
5		Conditions, if ony, which gove rise to immediate	(b) Then	ory Tract de	efection	weeks
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		em g	years
5		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE		GIVEN IN PART 110
5	ON N	ABDom	inflavours) w.	its defection		
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
6	RTIF	4 NOV 82	ENDOMENIA	Coxemans	YES NO	YES NO
G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
	MED	21d INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	13	220.1 certify that (1) (this hosp	tal) attended the deceased from_	October 19 8	V to Dec , 4	19 12, that (1) (we) last
		sow the deceased alive on above, (I/(we) taid) did no	t) view the body ofter death.	ond that m (my) (our) opinion	on deoth occurred on the date and I	nour and from the couses stated
		226. SIGNATURE		DEGREE		22c. DATE SIGNED
		Mana			MEDICAL STAFF DIRECTOR   PHYSICIAN	4- Dec 82
1		22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS		
1			as Mance, DO			21550
		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	74 F	burial UNERAL DIRECTOR	12/7/82   Red	House Cemetery	Oakland, Garr	ett, Maryland
1			rt Oakland, Mar	ryland 21550 DE	C 2 0 1982	2. Course
	LUI	duley A. Stewal	vakiallu, lidi	yranu ZIDOU Ju		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR LIYPE OR PRINTS Bessie Elizabeth Campbell 12-01-1982 T. SEX 4 RACE 5. DATE OF BIRTH IF UNDER LYFAR IF UNDER 24 HRS MONTH YEAR DAYS Female White 02-04-1905 TO STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USa. West Vinginia WIDOWED DIVORCED Garrett County HI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE Own home Oakland Garrett County Memorial Hosp UAL RESIDENCE (IF NURSING HOVE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WV Preston Horseshoe Run YES T Box 27 M FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nettie Arbogast Lantz IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Mary Evans Horseshoe Run, Preston Co. 232096-9038 No II. CAUSE OF DEATH (Enter only one cause per line far (a+(b), and (c).) PART I. DEATH WAS CAUSED BY noc IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 1655ct 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM ETC.1 STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, 10 C and that in (my) (our) apinion death occurred on the date and haur and from the couses stated

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

71: DATE SIGNED

W. Va.

22d PHYSICIA 22e ADDRESS Lho 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 12-4-82 Shaffertown Cem. Burial Leadmine Tucker 24 FUNERAL DIRECTOR

Parsons, W. Va.

DHMH - 16 50M 1/III (VRA 15, 4)

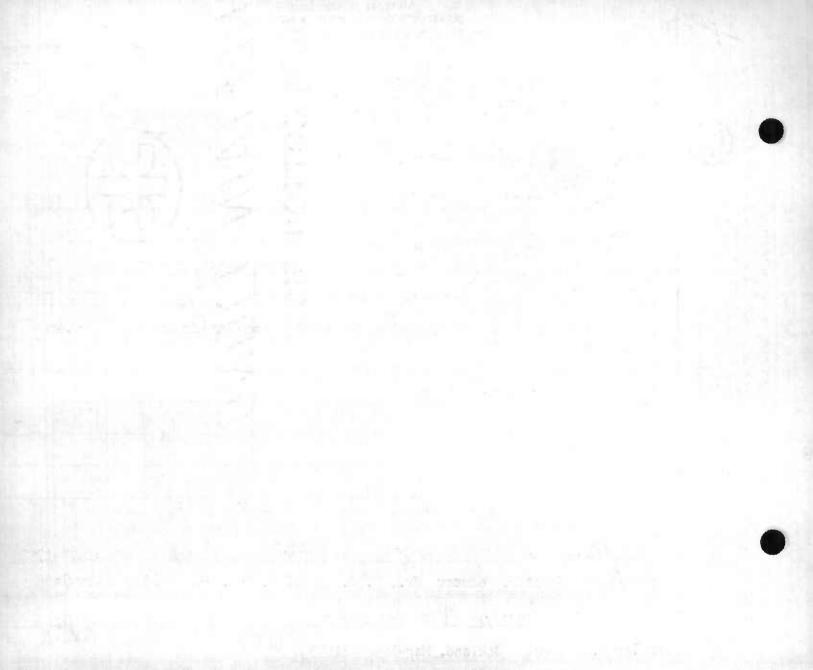
226. SIGNATUL

Greenlief Funeral Home

Hard Committee of the C

, 1	FOR				DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	)	3	3	2	7
1	- STA	SISTRAR			DICAL EXAMIN				REG	. NO.			
		SED NAME	FIRST		MIDDLE	ï	AST	20 DA	E KNOWN		d DAY	YEAR	2b. HOUR
	(TYPE OR	PRINT)	Ida		Mvrtle	COL	ILTER	DEA	ESTI-	0 1	2 16	19 82	730P
3.	SEX	4. RA		5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UND	DER 1 YR. IF UNDER		ATE	MÖNTH	DAY	YEAR	2d. HOUR
F	ema	le Wh	ite	Aug. 24,	1000	YRS. MONTH	DAYS HOURS		UNCED	1	2 16	10 82	745P
	BIRTH	PLACE (STATE OR		76 CITIZEN OF W		12	D NEVER MARRIE	9. BAL	IMORE CIT	Y OR COU			1 1 1 10
П	Wes	t Virgir	nia	USA		WIDOWE	DIVORCE		Garret	tt			MD.
10	CITY (	OR TOWN OF DE	ATH	11 NAME OF HOS	Road Manor	AE, OR OTHE	R INSTITUTION	12a. USUAL OC	CUPATION	TYPE OF WORK	126 KIN	D OF BUS	SINESS
		kland					ng nome	Housew	ife			ome	'
₩: 13	SUAL R	ESIDENCE JIFINN E	I 13b. COUN	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	SION)	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS				
		Md.	Gar	rett	0ak land		YES NO X	Rout	e #5,	Box 8	7	(2155	(0)
14	. FATH	R'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDE	N NAME	WIDDIE			AST	
		rael	_		Moats		Mary		lizabe	th	Sh.		
16	O. WAS	DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECURI	TY NO.	17. INFORMANT		ADDR	ESS			
		No			213-74-25	527	Mrs. Mary	Leslie	. See	#13 a	bove		
Ī	18	CAUSE OF DEA	TH (Enter on		far (a), (b), and (c).) .		The state of				AP	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
		PART I DEATH V	IMMEDIA		Cereberal v	ascula	ar accident					inute	
		727	2		AS A CONSEQUENCE		13.50						
		Canditians, if gave rise to		(b) A	rterioscle	rotic	cardio-vas	scular d	iseas	9	Y	ears	
1		lying cause last		DUE TO, OR	AS A CONSEQUENCE	OF							
				(c)									
L		RT 2 OTHER SIGNIFICA			BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 (a),					
	190 210 UNCCC 210 W	DATE OF OR		iabetes n									
	<b>∑</b> 190	. DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH OPE	RATION WA	AS PERFORMED?				20 A	UTOPSY?	
H	Ē .	EXTERNAL CAU	ICE VA/AC	216 714/5 04	F 45 1 (1 1 1 1 2 V	120 23=						ES 🗌	ио.Ж
	UN	DERLYING -	OR		I MONTH DAY YEA	AR ZIC HO	W INJURY OCCURRED	) (ENTER NATURE O	F INJURY IN ITEA	M 18 PART 1 OR I	PART 2)		
1	CC	NTRIBUTING			DEINJURY (ATHOME,	214 100	ATION						
		HILE NOT			TORY, FARM, ETC.)	21f. LOC	REET	CITY O	TOWN	C	OUNTY		STATE
	AT	WORK LAV	VORK		7								
		22a. I certify I at	I took charg	e of the remains des	scribed abave, held on	Autopsy	y , Inspection	Inqu	iry 🔀,	and in my	apinian		
	d	eath resulting from	n: Natur	ral causes X	Accident S	uicide .	Hamicide .	Undetermined	manner [	<u> </u>			
	10	DIAL A		1	- 1-		TITLE (SPECIFY)						
1	SK	MATURE LO	un s	7	-1	M.	DEPUTY	MEDICAL EX	AMINER	DATI	ED12-	16-19	982
1	- Ex	AMINER'S NAME	Tomo	C H Food	ator Tr	M D	107 9	2nd St	Oal	bre [s	Max	171 and	4
	TY	PE OR PRINT			ster, Jr.,					riaid,	LIST	утапі	
23	SPECI	CREMATION,			23c. NAME OF CE			23d. LOCATIO	N	со	UNTY	STA	
-	4 ELINIE	buria		12/19/82	Oakland	Ceme		Oaklar	d, Ga	rrett.	Mar	vland	1
	NA.	ME	C+-	ADDRESS		1 6	DE DATE R	2 7 198	2 3 S	and	L Cal	melf	
	brac	lley A.	stewar	t Uakla	and, Maryla	nd 2]	1550	, Li 1 10 c	4				

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) 12 82 6:08F Mason DEATH MATED Garnard 4 RACE SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED 5-8-1902 Male White DEAD BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Maryland Garrett WIDOWED [ DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Garrett Co. Mem. Hospital FOR MOST OF WORKING LIFE! OR INDUSTRY Oakland Laborer Various Jobs USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Garrett Friendsville Rt. 2, Box 145 21531 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Allen Gibbs Amanda VanSickle Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Routers, Box 145 I (IF YES, GIVE WAR OR DATES) 212-12-8479 Beatrice Artice, Friendsville, Md.2153] CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary artery disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Arteriosclerosis, generalized gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Fractured left hip 190 DATE OF OPERATION 3 SHOULD BE USED DEPARTMENT OF HE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES NO TA 216. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR AXXMONTH Fell at home in bathroom 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE 2, Box 145, Friendsville, Md. AT WORK Home TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DIARKH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an and in my opinian Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 12-19-1982 DATE SIGNATURE MEDICAL EXAMINER James H. Feaster, Jr., M. D. ADDRESS 107 S, 2nd, St., Oakland, Md. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY Burial 12-22-1982 Blooming Rose Cemetery Friendsville, Garrett, 24. FUNERAL DIRECTOR **DHMH-17** ADDRESS Grantsville, Md. (VR A15 ME (5)

15M 2/80

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	1.	FOR			DEPARTME		OF MARYLA	AND MENTAL HY	GIENE 9	et	3 2	7 3	1
	1-	STATE REGISTRAR		M	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME	FIRST		WIDDLE		LAST			NOWN F		DAY YEAR	2b. HOUA
	(118	EORPRINI	Minta			JENK	INS		OF DEATH	FOIL -	12-2	1,82	1030
	3. SE)	(	I. RACE	5. DATE OF BIRT			FUNDER 1 YR.				MONTH D	DAY YEAR	2d. HOUR
	Fe	male	White	10-21	-1892	90 YRS.	MONTHS DAYS	Hours	PRONOUN DEAD	CED *,	12-2	82	\$30P
7	B	RTHPLACE (STA	ATE OR	76. CITIZEN OF	WHAT COUNTRY	(? 8. <sub>A</sub>	ARRIED N	EVER MARRIED	9. BALTIMO	ORE CITY O	RCOUNTY	OF DEATH	
1		arylan			USA	W	DOWED	DIVORCED	Gar		Count		MD.
1	10. CI	TY OR TOWN C	OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSI	NG HOME, OR	OTHER INSTIT	UTION	FOR MOST OF WORK	ING HEEL		OR INDUST	JSINESS RY
/		rantsv		Rt. 2,		rmany	Rd. (	Rural	) Homer	naker	. 0	wn Ho	ome
1	13a. S		IF IN NURSING HOME (	OR OTHER INSTITUTION	13c CITY OR	TOWN		CITY LIMITS?	3e STREET ADDRES	-	Germa		
/	-	ryland	Garı	rett	Gran	svill		NO 🔼 .	Rt. 2, 1	Box 1	18 B	215	36
1	14. FA	THER'S NAME FIRST		MIDDLE	LASI			HER'S MAIDEN	IIM	DDLE .		LAST	1.18
1		arvey	EVER INTER 12	N.	Mille			lizabe	th	ADDORGE	Ging	rich	
	106. V	ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		SECURITY NO					118		1// 2
	-	No				30 <b>–</b> 307	0 Edwa	ara U.	Jenkin	s, Gr	antsv		
		PART I DEA	DEATH (Enter on TH WAS CAUSE	ly ane cause per l D BY:	ine far (a), (b), ar Coronar		ery di	92898			4	APPROXIMATI	T AND DEATH
		4111	A IMMEDIA	IE CAUSE (U)	OR AS A CONSE		J J al	50050					
		Conditions, if ony, which Arteriosclerosis, generalized									11		
	5.	cause (a) s	ta immediate stating the <u>under</u> -	(6)	OR AS A CONSE		,	C					
CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM B. GIVE PAGES 1, 2, AND 3 TO THE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, RETAIN PAGE OR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1, AND 2 SHOULD BE FILLE FIRE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 ND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.		lying caus	Lying cause last.										
i		PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 6										
	NO.	Cereberal vascular accident 2 years ago.											
Ī	CERTIFICATION	196. DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							2	0 AUTOPSY	?
	Z IF											YES 🗆	NO
2		216 EXTERNAL	CTD.		OF INJURY	AY YEAR 2	IC HOW INJUR	RY OCCURRED	(ENTER NATURE OF INJU	IRY IN ITEM 18 P	PART 1 OR PART 2)		
1	MEDICAL	CONTRIBUTIN	G CAUSE OF		.M.	19							
	MED	21d. INJURY OF		STREET E	E OF INJURY () ACTORY, FARM, ETC.)	AT HOME. 21	STREET		CITY OR TOW	N	COUNTY	,	STATE
			AT WORK										
İ		22a. I certify	hat took charg	ge of the remains o	described abave,	heldon A	utapsy .	Inspection	Inquiry	, and	d in my apınia	an a	
ì		death resulte	from: Natu	ral causes X.	Accident	Suicide	Ham	nicide .	Undetermined ma	nner .			
		ACTUAL	Xo.	11	- 1	·	TITLE	(SPECIFY)			DATE	12-2-	1082
-	1	SIGNATURE	au l	7 )-		7	M.D. DE	EPUTY	_MEDICAL EXAM	INER	SIGNED	15-5-	1702
1	-	EXAMINER'S N	IAMEJ ames	H. Fe	aster,	Jr.,	м. р.	107	S. 2nd.	St.,	Oakl	and,	Md.
_	22. D		ION, REMOVAL				ADDRESS.			,			
	P13	rial	ON, KEMOVAL	12-5-19				neter	23d LOCATION CITY OR TOWN Grantsv	477.	COUNTY		TATE
		NERAL DIRECT		0.5			100	250. DATE RE			Garre STRAR'S SIGN		d
	1	Latern	20 few	mail	Grants	ville	. Md.	DEC	1 0 1982	Joan	2. C	will	
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3	11-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 2 3 3									
		REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	FIRST	MIDDLE LAST 20. DATE KNOWN							DAY YEAR	76 HOUR	
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<b>新たまる属</b>	3. SE	4. R.	ACE	E S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20. DA						MONTH	DAY YEAR	2d. HOUR	
ONST PARTY	M	ale  W	nite		1925	57 YRS.	NTHS DAYS H	OURS MIN,	PRONOUNCED DEAD	12	26 19 82	630P	
345 2	7a. B	RTHPLACE (STATE C	R	76 CITIZEN OF W		(? 8. MA	RRIED   NEVER	R MARRIED [X]	9. BALTIMORE CIT	Y OR COUNT			
異常的家生して	M	arvland		USA WIDOWED DIVORCED Garrett								MD.	
2 7 8 2	10. C	TY OR TOWN OF	EATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORLING LIFE)  FOR MOST OF WORKING LIFE)								JSINESS	
PER PATOL	0	akland		Cuppett-Weeks Nursing Home None-Patient							OR INDUST	K I	
Mark O. A.		AL RESIDENCE (IF IN	NURSING HOME C	OR OTHER INSTITUTION, O	13c. CITY OF	ORE ADMISSION)	13d. INSIDE CITY I		EET ADDRESS				
A A MEDIA		aryland	Garr		Oakla		-		h & Ald	er Str	eet.e		
A PARTY		ATHER'S NAME		MIDDLE			15. MOTHER'S	S MAIDEN NAME			LAST		
# K S S S W		Joseph	W	Villiam	Kel	lly	Ar	nna	Cecel:	ia	Wills		
BALTIMORE, MD. 21201 GNE PAGES 1, 2, AND GNE PAGES 1, 2, AND THH FORM PM 3, BETA PAGES 1, AND 2, SHOULI VISION DEVITAL RECO	16a. \	VAS DECEASED EV	ER IN U.S. AR			SECURITY NO.	17. INFORMAL		301 WPDR				
BALTIM IRS AFTER GIVE PA WITH FOR		No	(11" 123, 0148	WAR OR DATES;	213-0	01-6283	Agnes	s Smith	Thurm	ont. N	ld. 217	88	
50540		18. CAUSE OF DE	ATH (Enter an	ly ane cause per lin	e far (a), (b), ar	nd (c).)					APPROXIMATI BETWEEN ONSE	EINTERVAL	
ON ST. 24 HOU TEM 18 CONG V PERMIT SIENE, VAL.		PART I DE ATH	WAS CAUSED	I Oron	ary art	ery dise	ase				Years	AND DEATH	
ST N ST		414	9		R AS A CONSE	QUENCE OF		10730					
AANS REV		Canditians, i		Arter	ioscler	osis, ge	neralize	ed			11		
OR TRANS		cause (a) stat lying cause la	ng the under-		R AS A CONSE	QUENCE OF							
ON SERVICE SER		lying cause id	51.	(c)									
RECORDS, 2011  D. B. EXECUTED PENDING" IN PR WEDICAL EXA PASA BURIAL- PASA BURIAL- CARMATION, C		PART 2 OTNER SIGNIFIC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
S AS A S A S A S A S A S A S A S A S A	O N	Chronic renal disease; Mental Retardation, marked.											
SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOW "PE USED I TO F HE USED I T	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY?		
\$ 585 m 5 5	E										YES	NO 🖟	
OF VITAL  THE CHE THE THE CHE THE THE THE THE THE THE THE THE THE T		210 EXTERNAL CA	OR	AS 21b. TIME OF INJURY 10 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORI							T 2)		
N SHOOTEN	1	CONTRIBUTING [	CAUSE OF	DEATH P.	۸.	19							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD."PENDING" IN PENCIL IN ITEM 18, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 35 SHOULD BE USED AS A BURIAL-TRANSIT PRAMIL EPERARMAN TO PHALTH AND MENTAL HYGIENE, DO PRIÖR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	21d. INJURY OCCU	JRRED		OF INJURY (,	AT HOME, 21f.	OCATION		CITY OR TOWN	COU	NTY	STATE	
- #84845	1	WHILE AT WORK	WORK										
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NO THE		death resulted fr	Natur	ral causes X	Accident	Suicide [	, Hamicide		ermined manner	٦, ΄			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			20	. 7		/	TITLE (SPEC	CIFY)					
AAL AAL	1	SIGNATURE	Worn !	of to		-	M.D. DEPUT	Y MED	ICAL EXAMINER	DATE	12-26-1	982	
DEAN A SET TENT	/-	EVALUEDI ALA			0								
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STILL ABLUMORE, MARYLAND, 2		(TYPE OR PRINT)	"James	H. Feas	ter, Jr	. M. D.	_ADDRESS_10	7 S. 2nd	1. St., 0a	kland,	Maryla	nd	
5X45A4	230.B	URIAL, CREMATION	, REMOVAL 2	73b. DATE	23c. NAA	AE OF CEMETERY	OR CREMATORY	23d. LC	OCATION ORTOWN	COUN	TY SI	TATE	
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DHMH - 17	-	UNERAL DIRECTOR		104 Eas	t Mair	Stree	t 250	DATE REC'D. BY	REGISTRAR TOUR	EGISTRAR'S SI	GNATURE	2	
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Puriel 12/29/2 Scholis D. Jen. Iliardes, Erejenick, Mi.

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(SPECIFY)

24. FUNERAL DIRECTOR

burial

Bradley A. Stewart

10/3/82

Oakland, Maryland

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH YEAR 2b HOUR KNOTTS Sept. 30, 1982 655A 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 DATE OF BIRTH MONTH DAYS May 22, 1904 78 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Garrett WIDOWED 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Housewife Home 13e STREET ADDRESS 13d INSIDE CITY LIMITS?

L DECEASED NAME MIDDLE (TYPE OR PRINT) Irene Eva 3. SEX 4. RACE Female White a. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Indiana CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Oakland Garrett County Memorial Hospita UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI COUNTY Preston W. Va. Rowlesburg Route #1 NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST (Unknown Applegate May Harvev 60. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 235-78-0216 Willard Knotts, See #13 above APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 9730 220.1 certify that (1) XXXXXXXII) attended the deceased from saw the deceased plive on 9/30/ and that in (my) XX) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING W MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS Dr. Gregory Pinkerton, MD Eglon, W.Va. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23d. LOCATION

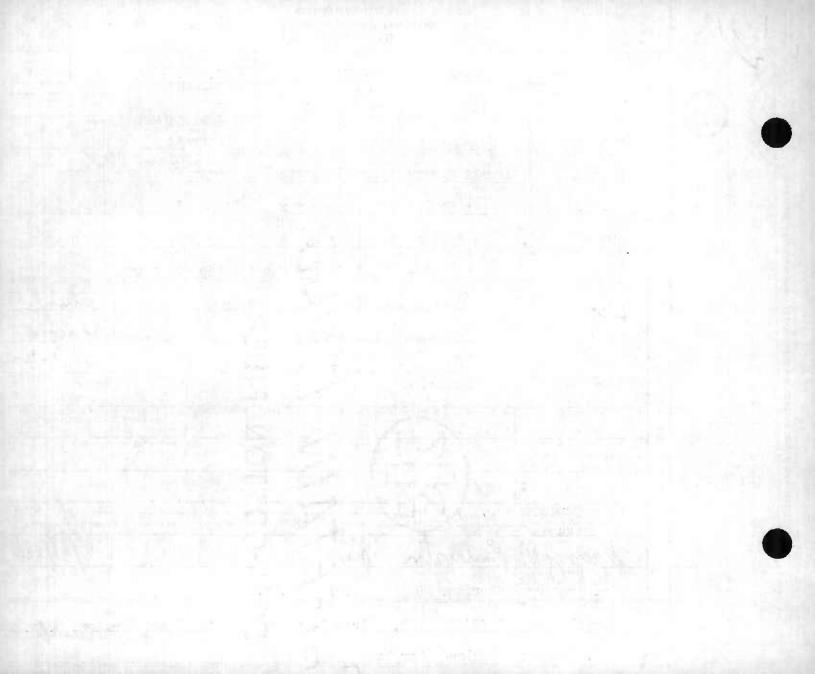
Olivet Cemetery

21550

Lantz Ridge

Preston

DHMH - 16 50M 1/76 (VR A 15 (4))



A 15 VEST AND THE THIRD AND ASSESSMENT OF THE PARTY OF TH avisor a server forther a first and a firs on the I had themself - Declare Tengers - December 1 tot and Pager Mill. Canada A Stolenius, 15. 10. Stolenius of the Stolenius of Town I would be a street work out the Sewest and the street the st

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Mary Edna Listan 1982 December 25. 1155A ~ 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR E LINIDER 24 MIDS MONTH Female. May 21, 1903 White 79 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Virginia Garrett WIDOWED DIVORCED M CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Oakland Garrett County Memorial Hospital Housewife Home USUAL RESIDENCE (IF NURSING HOM GIVE RESIDENCE BEFORE ADMISSION OUNTY 13e. STREET ADDRESS W. Va. Preston Rowlesburg 26425 Wilson Street YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Walls Bessie Wagner 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Burke Funeral Home, Rowlesburg, W.Va. No Unknown APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per fine far ta), (b), and (c),1 PART I. DEATH WAS CAUSED BY I mmedizte IMMEDIATE CAUSE (a A CONSEQUENCE OF Canditions, if any, which pertoration gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Diverticulosi PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LICE CERTIFICATION predmisone empora CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? rertorated Colon NON YES NO [ ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ō CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from NAV 12/24 87 saw the deceased alive on. and that in (my) (cor) opinion death occurred on the date and haur and from the causes stated above, (1) (ye) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ZK 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 12/28/82 burial Masontown Cemetery Masontown, Preston, West Va.

Oakland, Maryland

UEC 28 1982

21550

DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR

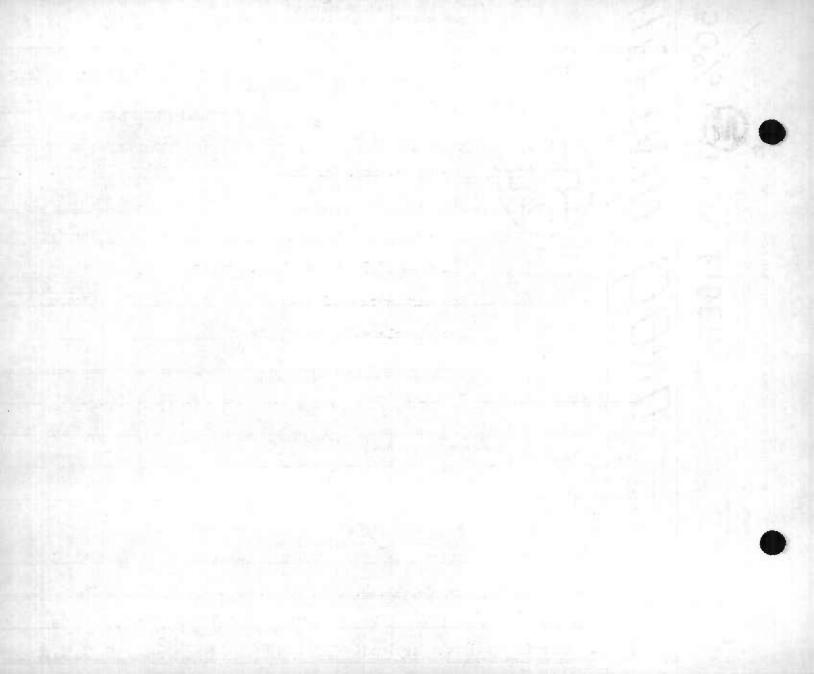
Bradlev A. Stewart

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) ESTI-Lulu Evelyn MILLER 18 1082 DEATH MATED 4. RACE 3. SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE 2d HOUR PRONOUNCED 12-01-1890 1.82 Female White DEAD To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Garrett County. Maryl and Garrett WIDOWED TO DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a USUAL OCCUPATION ITYPE OF WORK 12b KIND OF BUSINESS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAN BE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENDIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE TO MECTOR: PAGE 3 SHOULD BE VISED AS A BURIAL - TRAINSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Teacher-Public School Germany Grantsville New USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) New Germany Rd. 136. COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Box 118 Grantsville Garrett 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Warnick Gnagey Noah Anna 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT 2, Box 118 Grantsville. Md. 215-36-9661 Frances Michael. APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Coronary artery disease e aus IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which Arteriosclerosis, generalized gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes mellitus. 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY X 220. I certify that I taak charge of the remains described above, held a Inspection and in my opinian death resulted Accident Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 12-19-1982 DEPUTY 2nd. St., Oakland, Md. H. Feaster. Jr. (TYPE OF PRINT) 23d. LOCATION Burial Grantsville Garrett BP DEC 2 9 1982 **DHMH - 17** Grantsville. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Fay MORELAND Frances 1982 50P M 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED White Female 8, 1927 55 12 12 1982 650PM BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED Garrett CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY School Teacher Second. Ed. Oakland (DOA) Garrett Co. Mem. Hospital Da. STATE 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS W. Va. Mt. Storm Grant Star Route, Box 702 (26739) NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Merle Muntzing Parks Ruth Secrist Leona 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 234-44-6887 No Russell A. Moreland, See #13 above CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE CHEMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which 11 Arteriosclerosis, generalized gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last. PART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA Diabetes mellitus: Hypertension 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? TO AEDICAL EXAMINER: THIS CRETIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE U AFTER DEATH, WITH THE STATE DEPARTMENT OF BATTIMORE, MARYLAND, 21201 PRICE TO BURN YES [] NO . 21a EXTERNAL CAUSE WAS 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE X 214 I sent by that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-12-1982 M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OF PRINT) 2nd, St Oakland Maryland ADDRESS 107 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE burial 12/15/82 Oak Grove Cemetery Oakland, Garrett. BP 24. FUNERAL DIRECTOR **DHMH-17** Oakland, Maryland Bradley A. Stewart 21550 (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR TYPE OR PRINTE Charles Buckner NINE December 21, 1982 2100P T. SEX 4. RACE 6 AGE LIN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR March 24, 1915 Mala White 67 MATHIPLACE SHALL OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Virginia USA Garrett WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR ME NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Carrett Co. Memorial Hospital Engineer Railroad THE STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS (26425)Preston Rowlesburg YES T NO X -none-IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Buck1ew Nine Anna Ray 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) Burke Funeral Home, See #13 above WW II 232-03-0263 Yes BETT EN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line ) (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO F YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] WORK 22a | certify that (1) (1) (2) (2) ottended the deceased from sow the deceased alive on\_ and that in (my) (xx) opinion death occurred on the date and hour and from the causes stated Ill ( vor did light vor) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TTYPE OF PRINTS 22e ADDRESS 311 N. Fourth St., Oakland, Md. 21550 Dr. C. W. Fedde, MD 23e. BURIAL, CREMATION, REMOVAL 23b DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Aurora, Preston, West Va. 12/24/82 Mt. Olivet Cemetery burial

DHMH - 16 50M 1/B1 (VRA 15, 4)

PORTANT

Bradley A. Stewart

24 FUNERAL DIRECTOR

Oakland, Marvland

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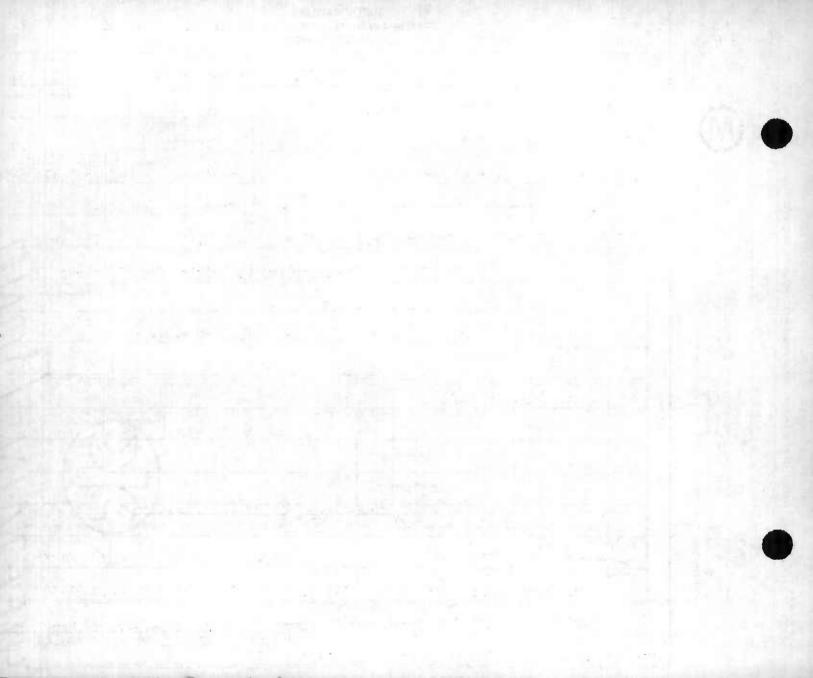
Oakland, Marvland

21550

(VR A 15 (4))

Bradley A. Stewart

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Mary Maxine REALL 19 4 RACE AGE (IN YEARS IF LINDER 1 YR. IF UNDER 24 HRS 2c. DATE 82 LAST BIRTHDAY) PRONOUNCED White Dec. 16, 1923 Female 58 DEAD 19 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Garrett Maryland USA WIDOWED [ DIVORCED TO CITY OF TOWN OF DEATH (LOA) SUCATE OF THE TOTAL NURSING HOME OR OTHER INSTITUTION (LOA) SUCATE OF THE CONTROL OF THE PROPERTY OF THE 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS. OR INDUSTRY Housewife Home MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN A SA B BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE EATH AND MENTAL HYGIENE, DIVISION OCVITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135. COUNTY 13e STREET ADDRESS 130 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? (21550) Oakland Md. Garrett NO Y Route #3. Box 224 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRS1 Martin. Emma Kvle Henry 0ren May 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 234-54-2921 Mrs. Sandra E. Friend, Swanton, Md 18. CAUSE OF DEATH (Enter only one couse per line to Certabertal vascular accident STATE ON THE PARTY AND DEATH USED AS A BURIAL - TRANSIT PERMIT,
OF HEALTH AND MENITAL LUCKERS OF DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HYDELENSION Years Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? MER: THIS CER.,
F CATE, WRITING THE .
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TOR: PAGE 3 SHOULD BE US!
TOR YES NO P 210 EXTERNAL CAUSE WAS 21% TIME OF INIURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held Autopsy Inspection and in my opinion Homicide Notural causes Accident Suicide Undetermined manner DATE 12-7-1982 TIDE SPECIFY MEDICAL EXAMINER James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Maryland (TYPE OR PRINT 230. BURIAL CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY burial 12/10/82 Red House Cemetery 0akland BP 24 FUNERAL DIRECTOR **DHMH-17** Bradley A. Stewart Oakland, Maryland 21550 (VR A15 ME (5) 15M 2/80

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Oakland, Maryland

STATE OF MARYLAND

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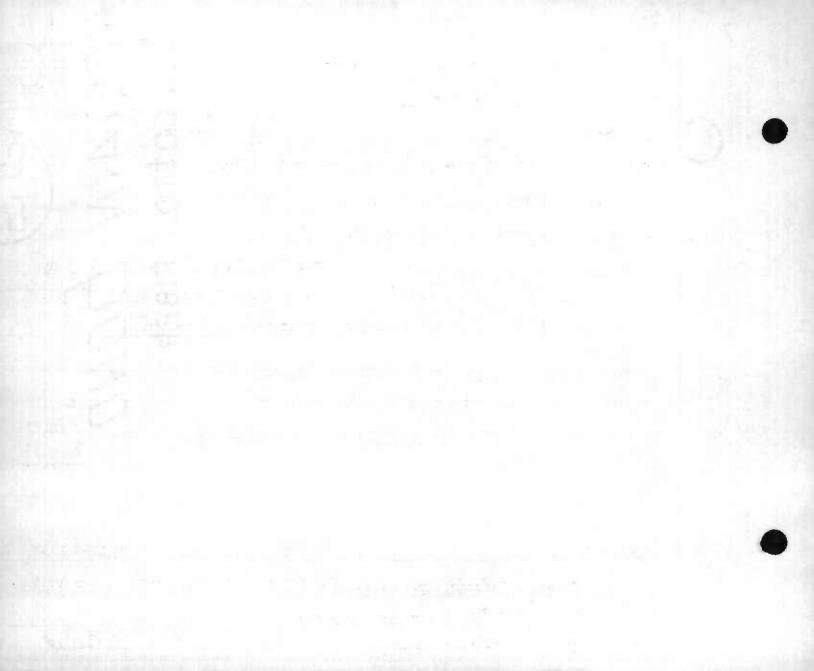
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133	10.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryalnd	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE		MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	MD
25	10.	Oakland	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LT County	NG HOME O	R OTHER INS		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Teacher		126 KIND C INDUSTRY Scho	OF BUSINESS OR
inermést be	13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION JNTY LTTETT	GIVE RESIDENCE BEFORE 136. CITY OR TOW  Kitzmil	/N 1	13d. INSIDE (	CITY LIMITS?	13e. STREET ADDRESS E. Main	Stree	t	
10 F.	14. 8	TATHER'S NAME FIRST ISSAC	WIDDLE	Moon			'S MAIDEN NA First Helen	ME MIDDLE		Ber	nard
e medicol		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORM		ADDR			
e me		No		216-18-1	1937	Mr. J	James Si	mith - same	as 1	3	
s ony injury, or other troumot	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), statung the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	(c) CONDITIONS <u>C</u>	OR AS A CONSEQUI	ENCE OF  LE  DEATH BUT I	NOT RELATED	O TO THE TERM	Liol In t	DITION GIVE		NGS USED
Shows 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		OF INJURY ,M. MONTH D.	AY YEAR	21c HOW IN	NJURY OCCUR	YES NO TO	YE	ES 🗍	NO 🗌
Tweed on liem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE	.M.  OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	ON T	CITY OR TO	WN	COUNTY	STATE
FUNERAL DIRECTOR: Affect in Judy be detached for use on the The State Dept. of Health on ORTANT: If Item 21 is marked		220 I certify that (1) (this hosp sow the deceased alive a abave (1) we) (did not 226. SIGNATORE	n 12 2 at) view the body	ne deceased fram_ 8/8 19_ ratter death.		EGREE	ATTENDING PHYSICIAN	death occurred on the d	ate and how	22c. DATE	
with the Stot	230	P. Daniel M	iller, I		NAME OF CE		ss th Stre	et - (	Daklar	nd, Mar	yland
		Bürial	12/31/			. Ceme		Elk Gard	en 1	Mineral	W. Va
M 1/81 4)	24 6	UNERAL DIRECTOR  NAME  David A. Burdo	ck	Kitzmille	er, Ma	ryland		4 1983	15h REGIST	2. Come	LE .

terait action att western and or or there ACLES CONTROLLED THE STATE OF 
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-E 5 FOR YOUR FILES.

HIN 72 HOURS 1082 55A 12 Edmond SWEITZER DEATH MATED George 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 55A DATE LAST BIRTHDAY) 82 PRONOUNCED 14, 1945 37 Male White Oct. DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED West Virginia USA Garrett WIDOWED DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Truck Driver (DOA) Garrett Co. Mem. Hospital Oakland Coal Trucking 13a STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Garrett Kitzmiller Md. NO X Star Route I. PAGES 1 AND 2 SI DIVISION OF WIAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM MIDDLE MIDDLE Sweitzer, Sr. Mildred . Edmond George Beeman 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) 215-42-4350 Mrs. Leona M. Sweitzer, See #13 above AL-TRANSIT PERMIT. MENTAL HYGIENE, DI N. OR REMOVAL. 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH Thrombosis, recent, right coronary artery minutes DUE TO OR AS A CONSEQUENCE OF Coronary arteriosclerosis, focal, advanced Conditions, if any, which vears gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH We DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES X NO. 21a EXTERNAL CAUSE WAS TIME OF INJURY THE HOW INJURY OCCURRED LENIER NATURE OF HURY INITIAL IE FART I OR FART 21 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 71s. PLACE OF INJURY TH LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT NOT WHILE CITY OF TOWN STATE COUNTY Inspection X Labor charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE 12-5-1982 MEDICAL EXAMINER EXAMINER'S NAME \_ADDRESS 107 S. 2nd. St., Oakland, Maryland (TYPE OR PRINT) James H. Feaster. Jr. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION burial 12/8/82 Deer Park Cemetery Deer Park RP 24 FUNERAL DIRECTOR Bradley A. Stewart **DHMH-17** Oakland, Maryland 21550 (VR A15 ME (5))

15M 2/80

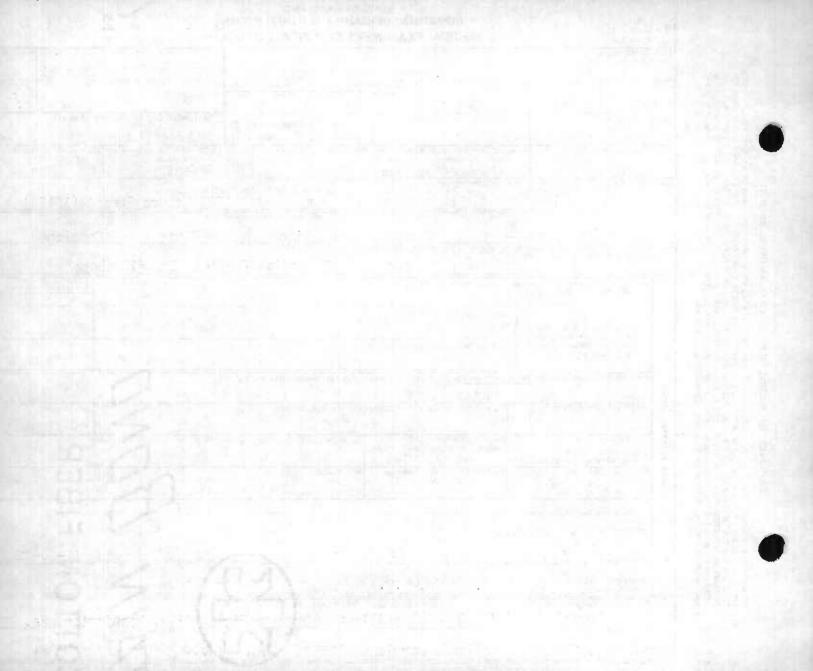
STATE OF MARYLAND

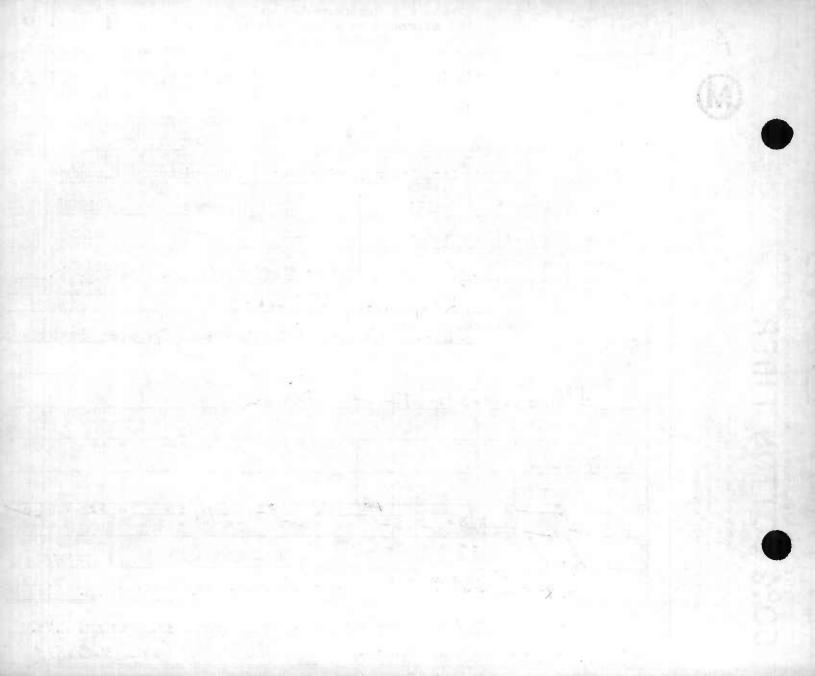


	1-	STATE		AAI		ER'S CERTIFICATE		. 3	2 3 4	5
	1.00	REGISTRAR CEASED NAME	FIRST	MI	MIDDLE	EK 5 CEKTIFICATE		REG. NO.		
		PE OR PRINT)				£A51	OF.	ESTI-		2b. HOUR
SESSE SE	-		Robe		Patrick	Terrant			2 29 19 82	M
50 DE DE	1. SE	X 4. (	RACE	5. DATE OF BIRTH	H 6. AGE IN YE		DER 24 HRS. 2c. DAT	-	ONTH DAY YEAR	24. HOUR 11:30
FOR MON		Male	White	Nov. 5.	1982 YF		DEA	D	2 29 19 82	a. M
SEAS IN THE SE	F	RTHPLACE (STATE		76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED   NEVER MA	RRIED X 9. BALTI	MORE CITY OR C	OUNTY OF DEATH	
AN A	<u> </u>	ennsylvar	nia	USA				arrett Co		MD
MD. 21201 H. JF ANY DELAY IS T. 2, AND 3 TO THE M M. 3. RETAIN PAGE D. 2 SHOULD BE FILED TAL RECORDS, 201	10 C	ITY OR TOWN OF	DEATH		DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	FOR MOST OF WO	JPATION ITYPE OF V	WORK 12b. KIND OF BUS OR INDUSTRY	INESS Y
SS F P P P P P P P P P P P P P P P P P P		Oakland		#210 B	Bradley Manor		Infa	ant	None	e
ORI DE		AL RESIDENCE (# #	THE COUNT	TY	GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	113d. INSIDE CITY LIMITS	? 13e. STREET ADDR	RESS		
AND AND RETA		Pa.	Alleg	heny	Homestead	YES X NO	□ 1502 N	McLure St	treet (15120	0)
MD. 4.2, 7.3, 7.3, 7.3, 7.3, 7.3, 7.3, 7.3, 7.3	14. F	ATHER'S NAME		MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME	MIDDLE	LAST	
. : 2		Sebastia	an -		Terrant	Diane		lyse	Copeland	
S I S I S I S I S I S I S I S I S I S I	16a.	WAS DECEASED ET	VER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY			ADDRESS	000000000000000000000000000000000000000	
MER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEACATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM IN. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OC. N. N. D., 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		No	(IF TES, GIVE	WAR OR DATES	None	Sebastia	n Terrant,	See #13	above	
B. G. WIT		18 CAUSE OF D	EATH (Enter onl	y one cause per lir	ne far (o), (b), ond (c).)				APPROXIMATE IN	NTERVAL
S S S S S S S S S S S S S S S S S S S		PARTIDEAT	H WAS CAUSED	BY: E CAUSE (a)		ant Death Synd	drome		BEIWENONSELA	IND DEATH
YGIE		7980	IMMEDIAI		OR AS A CONSEQUENCE O				and three	
ER INSIN			if any, which	4.						
N TRANS		cause (a) sta	to immediate	DUE TO, O	OR AS A CONSEQUENCE O	OF.				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OEVITAL OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying couse I	ast.							
AND		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO GEAT	H BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN	PART 1 (a)			
S A I	Z						TARL TOUR			
EAA A A A	1 \$	19a. DATE OF OP	ERATION	196. COND	OITION FOR WHICH OPER	ATION WAS PERFORMED?			20. AUTOPSY?	-
N SE	E SE								YES [X	NO 🗆
N H H H H H H H H H H H H H H H H H H H	MEDICAL CERTIFICATION	21a EXTERNAL C	AUSE WAS	21b. TIME C		21c. HOW INJURY OCCUI	RRED LENTER NATURE OF IN	NJURY IN ITEM 18 PART		,,,,
A TA	AL	UNDERLYING CONTRIBUTING	OR CAUSE OF D		M. MONTH DAY YEAR	7.1.1				
SH	DIC	71d INJURY OCC	URRED		M. 19 OF INJURY (AT HOME,	211 LOCATION				
EDE OI P	N N	WHILE AT WORK	OT WHILE	STREET, FA	ACTORY, FARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	STATE
PAC		AT WORK — A	TWORK							
<b>2</b> H 2		22a. I certify th	not I took charge	e of the remains de	escribed obove, held on	Autopsy X, Inspec	ction L. Inquiry	, LJ, and in	my apinian	
# CE		death resulted f	rom: Natur	al couses XI.	Accident . Sui	cide Homicide L	Undetermined m	ionner .		
EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR THE STATE DESTREAD DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		ACTUAL A	//.	. 1	N/ a/a	TITLE (SPECIFY)				
공록보 <sup>™</sup> . –	4	SIGNATURES	leu	ues []	muston	MM.D. Assista	nt MEDICAL EXA	MINER S	DATE 12-30-	-82
NOE NOE		EXAMINER'S NA	ME D		c. u hin		II D- C			
S CHE	4	(TYPE OR PRINT)			Smyth, M.D.	ADDRESS	II Penn St	reet		
2 4 9	23a.B	URIAL, CREMATIO				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY STAT	TE
			ırial	1/3/198	33  Finleyvil	le Cemetery			shington, Pa	ð.
H - 17		UNERAL DIRECTO		ADDRES	ss		TE REC'D. BY REGISTR		AR'S SIGNATURE	
MF (51)	I Bi	radlev A.	Stewar	t Oakl	and. Marylar	nd 21550	AN 71983	3 John	I Court	

20M 4/82

STATE OF MARYLAND





Oakland, Maryland

Durst Funeral Home

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